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FACSIMILE TRANSMISSION**Date:** July 18, 2005**Pages:** 15 (including this page)**From:** Cynthia K. Nicholson**To:** USPTO**Fax No.:** 571-273-8300**Subject:** Amendment**Comments:**

| | |
|-------------------------|------------------------|
| Applicant: Natsume | Serial No.: 10/717,468 |
| Filing Date: 11/21/2003 | Atty Dkt.: 11-205 |

**Title: APPARATUS FOR DETECTING DIRECTION OF TARGET USING DIFFERENCE
IN PHASE OF RADIO WAVE SIGNALS RECEIVED THROUGH PLURAL CHANNELS**

Attached please find:

- (1) Transmittal form;
- (2) Fee transmittal form;
- (3) Request for extension of time (2 month); and
- (4) 11-page Amendment

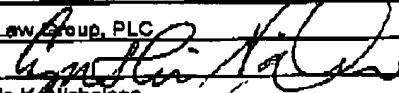
* * * Notice * * *

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| | | | |
|--|--|------------------------|-------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | | Application Number | 10/717,468 |
| | | Filing Date | 11/21/2003 |
| | | First Named Inventor | Netsume |
| | | Art Unit | 3662 |
| | | Examiner Name | Daniel T. PIHULIC |
| Total Number of Pages In This Submission | | Attorney Docket Number | 11-205 |

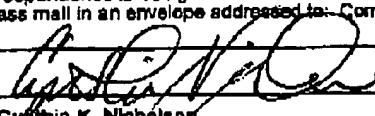
| | | |
|---|--|---|
| ENCLOSURES (Check all that apply) | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Poaz Law Group, PLC | | |
| Signature |  | | |
| Printed name | Cynthia K. Nicholson | | |
| Date | 18 July 2005 | Reg. No. | 36,880 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|---|------|--------------|
| Signature |  | | |
| Typed or printed name | Cynthia K. Nicholson | Date | 18 July 2005 |

JUL 18 2005

| <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).</i> | | Application Number | 10/717,468 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|--|---|---------------------|-------------------------|----------------------------------|----------------------|---|-----------------|--|----------------------|----------------------|---|---------------------|-----------------|---------------------------|-----------------|------------------------------|---------|-----|-----|----------------------|-----|-----|-----|----|--------|-----|-----|-----|----|-----|----|--|-------|-----|-----|-----|-----|-----|----|--|---------|-----|-----|-----|-----|-----|-----|--|-------------|-----|----|---|---|---|---|--|
| FEE TRANSMITTAL | | Filing Date | 11/21/2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For FY 2005 | | First Named Inventor | Nataume | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | Daniel T. PIHULIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27 | | Art Unit | 3662 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 450 | | Attorney Docket No. 11-205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Poss Law Group, PLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>\$</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>160</td> <td>80</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table> | | | | | Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ | Design | 200 | 100 | 100 | 50 | 130 | 65 | | Plant | 200 | 100 | 300 | 150 | 160 | 80 | | Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | Provisional | 160 | 80 | 0 | 0 | 0 | 0 | |
| Application Type | FILING FEES | | SEARCH FEES | | | EXAMINATION FEES | | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 160 | 80 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th rowspan="2">Fee Description</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>300</td> <td>150</td> </tr> </tbody> </table> | | | | | Fee Description | Small Entity | | Fee (\$) | Fee (\$) | Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 | Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 | Multiple dependent claims | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th rowspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>- 20 or HP =</td> <td>x</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table> | | | | | Total Claims | Extra Claims | | Fee Paid (\$) | | Multiple Dependent Claims | | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | - 20 or HP = | x | - | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | | Fee Paid (\$) | | | Multiple Dependent Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 20 or HP = | x | - | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>HP = highest number of total claims paid for, if greater than 20</p> <table border="1"> <thead> <tr> <th rowspan="2">Indep. Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>- 3 or HP =</td> <td>x</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table> <p>HP = highest number of independent claims paid for, if greater than 3</p> | | | | | Indep. Claims | Extra Claims | | Fee Paid (\$) | | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | - 3 or HP = | x | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims | Extra Claims | | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 3 or HP = | x | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)</p> <p>for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(e).</p> <table border="1"> <thead> <tr> <th rowspan="2">Total Sheets</th> <th colspan="2">Extra Sheets</th> <th colspan="2">Number of each additional 50 or fraction thereof</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number)</td> <td>x</td> <td>-</td> <td>-</td> <td>Fee Paid (\$)</td> </tr> </tbody> </table> | | | | | Total Sheets | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | - 100 = | / 50 = | (round up to a whole number) | x | - | - | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | | Number of each additional 50 or fraction thereof | | | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 100 = | / 50 = | (round up to a whole number) | x | - | - | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Non-English Specification, \$130 fee (no small entity discount)</p> <p>Other: Petitioner for Extension of Time (2 month) 450</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | Registration No. | 36,880 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) | Cynthia K. Nicholson | | Telephone | (703) 707-9110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Date | 18 July 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Natsume et al.

Atty. Dkt.: 11-205

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Art Unit: 3662

Filed: 11/21/2003

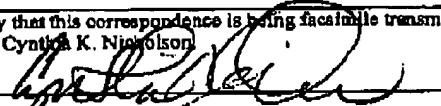
Examiner: Daniel T. PIHULIC

**Title: APPARATUS FOR DETECTING
DIRECTION OF TARGET USING
DIFFERENCE IN PHASE OF RADIO
WAVE SIGNALS RECEIVED THROUGH
PLURAL CHANNELS**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: 18 July 2005

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on this date: 18 July 2005
Typed Name: Cynthia K. Nicholson

Signature: **AMENDMENT UNDER 37 CFR 1.111**

Sir:

In response to the office action mailed 18 February 2005, please amend the application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks begin on page 8 of this paper.